

HOUSE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 121

AN ACT

2 To amend chapter 376, RSMo, by adding thereto
3 two new sections relating to health insurance
4 coverage for chiropractic care.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
6 AS FOLLOWS:

7 Section A. Chapter 376, RSMo, is amended by adding thereto
8 two new sections, to be known as sections 376.1230 and 376.1231,
9 to read as follows:

10 376.1230. 1. Every policy issued by a health carrier, as
11 defined in section 376.1350, shall provide coverage for
12 chiropractic care delivered by a licensed chiropractor acting
13 within the scope of his or her practice as defined in chapter
14 331, RSMo. The coverage shall include initial diagnosis and
15 clinically appropriate and medically necessary services and
16 supplies required to treat the diagnosed disorder, subject to the
17 terms and conditions of the policy. The coverage may be limited
18 to chiropractors within the health carrier's network, and nothing
19 in this section shall be construed to require a health carrier to
20 contract with a chiropractor not in the carrier's network nor

1 shall a carrier be required to reimburse for services rendered by
2 a nonnetwork chiropractor unless prior approval has been obtained
3 from the carrier by the enrollee. An enrollee may access
4 chiropractic care within the network for a total of twenty
5 chiropractic physician office visits per policy period, but may
6 be required to provide the health carrier with notice prior to
7 any additional visit as a condition of coverage. A health
8 carrier may require prior authorization or notification before
9 any follow-up diagnostic tests are ordered by a chiropractor or
10 for any office visits for treatment in excess of twenty in any
11 policy period. The certificate of coverage for any health
12 benefit plan issued by a health carrier shall clearly state the
13 availability of chiropractic coverage under the policy and any
14 limitations, conditions, and exclusions.

15 2. The provisions of this section shall not apply to
16 benefits provided under the Medicaid program.

17 3. The provisions of this section shall not apply to a
18 supplemental insurance policy, including a life care contract,
19 accident-only policy, specified disease policy, hospital policy
20 providing a fixed daily benefit only, Medicare supplement policy,
21 long-term care policy, short-term major medical policy of six
22 months' or less duration, or any other similar supplemental
23 policy.

24 376.1231. A health benefit plan shall provide coverage for

1 treatment of a chiropractic care condition and shall not
2 establish any rate, term, or condition that places a greater
3 financial burden on an insured for access to treatment for a
4 chiropractic care condition than for access to treatment for
5 another physical health condition. Any deductible or out-of-
6 pocket limits required by a health carrier or health benefit plan
7 shall be comprehensive for coverage of all health conditions.